

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Dallas Regional Office  
1301 Young Street, Room 827  
Dallas, Texas 75202



**Division of Survey and Certification, Region VI**

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August 8, 2014

Our Reference: CCN 450795  
Intake #TX00200601

Jason LeDay, CEO  
St Anthony's Hospital  
2807 Little York Rd  
Houston, TX 77093

Dear Mr. LeDay:

Section 1865 of the Social Security Act and the regulations at 42 CFR 488.5(a) provide that a hospital accredited by a national accrediting organization with a deeming program approved by the Centers for Medicare & Medicaid Services (CMS) will be "deemed" to meet all the Medicare Conditions of Participation with the exception of Utilization Review.

Section 1864 of the Act requires the Secretary of Health and Human Services to conduct a survey of a deemed hospital participating in the Medicare program if there is a substantial allegation of a serious deficiency or deficiencies which would adversely affect the health and safety of patients. If a hospital is found to have significant deficiencies with respect to compliance with the Conditions of Participation in the course of such a survey, we are required to remove the deemed status of the hospital and place it under State Survey Agency jurisdiction until the hospital is determined to be in substantial compliance with all the applicable Medicare Conditions of Participation.

After a careful review of the August 4, 2014, survey report, we have determined that St Anthony's Hospital no longer meets the requirements for participation in the Medicare program because of deficiencies that represent **immediate jeopardy** to patient health and safety. We are enclosing form CMS-2567 with the findings that show the following Medicare Conditions of Participation were out of compliance:

**42 CFR 482.25 Pharmaceutical Services**  
**42 CFR 482.42 Infection Control**

Hospitals must meet all provisions of Section 1861(e) of the Social Security Act, be in compliance with each of the applicable Medicare Conditions of Participation, and be free of hazard to patient health and safety in order to participate as providers of services in the Medicare program, .

Unless the immediate jeopardy to patient health and safety is removed, the Medicare agreement of your hospital will be terminated on **August 31, 2014**. You must send

<p><b>EXHIBIT</b> <b>State 1</b></p>
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acceptable plans of correction to **Atkin Wilridge, Texas Department of State Health Services, via email at Atkin.Wilridge@dshs.state.tx.us by August 13, 2014**, in order to ensure a timely revisit.

The criteria for acceptable plan of correction are as follows:

1. The plan must address correcting the specific deficiency cited.
2. The plan must address improving the processes that lead to the deficiency cited.
3. The plan must include procedures for implementing the acceptable plans of correction for each deficiency cited.
4. A completion date for the implementation of the plans of correction for each deficiency cited.
5. All plans of correction must take a QAPI approach and address improvements in its systems in order to prevent the likelihood of the deficient practice reoccurring.
6. The plan must include the monitoring and tracking procedures to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with the regulatory requirements.
7. The plan must include the title of the person responsible for implementing the acceptable plan of correction.

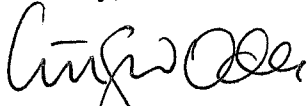
The completion date for your corrective action can be no later than **August 23, 2014**. Failure to respond will result in your termination from the Medicare program effective **August 31, 2014**.

In accordance with section 1865(b) of the Social Security Act, the Texas Department of State Health Services will conduct a full Medicare survey of your facility to assess compliance with all the applicable Medicare Conditions of Participation for hospitals.

If you remain out of compliance at the time of your revisit, or fail to submit acceptable plans of correction, you will receive a notice from our office advising you of your termination and your appeal rights.

You may contact Dottie Guioa at 214-767-6179 or by email at dottie.guioa@cms.hhs.gov, if you have questions regarding this matter.

Sincerely,



Ginger Odle, Manager  
Enforcement Branch

Enclosure: CMS-2567

cc: Accrediting Organization, DSHS